

PS&R TO COST REPORT CROSSWALK

REPORT TYPE:	PS&R REPORT HEADING	PS&R REPORT #	Cost Report Reference				Comments
			Days/Visits/Units/Census	Charges	Deduct & Coins	Net Reimb.	
11A	INPATIENT - PART A (MSP-LCC)	OD44203	NA	NA	NA	NA*	Not included in cost report. * Note that Net Reimb. should be used to reduce interim payments for PIP providers
11K	INPATIENT REHABILITATION - PPS INTERIM BILLS	OD44203	S-3	D, Pt IV / D-3	E, Pt A	E-1, Pt A	Should be -0- balance by final settlement.
11R	INPATIENT REHABILITATION - PART A	OD44203	S-3	D, Pt IV / D-3	E-3 Pt III	E-1, Pt A	
11U	INPATIENT PSYCHIATRIC - PART A	OD44203	S-3	D, Pt IV / D-3	E-3 Pt II	E-1, Pt A	
110	INPATIENT - PART A	OD44203	S-3	D, Pt IV / D-3	E, Pt A	E-1, Pt A	
118	INPATIENT - PART A MANAGED CARE	OD44203	S-3	NA	NA	E-1, Pt A	Simulated payments - E, Pt A
119	INPATIENT - PPS INTERIM BILLS	OD44203	S-3	D, Pt IV / D-3	E, Pt A	E-1, Pt A	Should be -0- balance by final settlement.
12A	INPATIENT - PART B (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
12P	INPATIENT - PART B OPPTS	OD44203		D, Pt V	E, Pt B	E-1, Pt B	
12Z	AMBULANCE BLEND EFFECTIVE 04/01/02	OD44203	S-3 (Trips)	NA	NA	NA	Fee amount - S-2, Line 56, Col 4
120	INPATIENT - PART B	OD44203		D, Pt V	E, Pt B	E-1, Pt B	
122	INPATIENT - PART B VAC	OD44203		D, Pt VI	No Coin	E-1, Pt B	
125	INPATIENT - PART B FEE REIMBURSED	OD44203	NA	NA	NA	NA	Not included in cost report
13A	OUTPATIENT - ALL OTHER (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
13P	OUTPATIENT - PPS	OD44203		D, Pt V	E, Pt B	E-1, Pt B	
13Z	AMBULANCE BLEND EFFECTIVE 04/01/02	OD44203	S-3 (Trips)	NA	NA	NA	Fee amount - S-2, Line 56, Col 4
130	OUTPATIENT - ALL OTHER	OD44203		D, Pt V	E, Pt B	E-1, Pt B	
130	OUTPATIENT - ALL OTHER/AMBULANCE	OD44218	NA	NA	NA	NA	Not included in cost report
132	OUTPATIENT - PART B VAC	OD44203		D, Pt VI	No Coin	E-1, Pt B	
135	OUTPATIENT - FEE REIMBURSED	OD44203	NA	NA	NA	NA	Not included in cost report
136	O/P OTHER DIAG & FEE SCHEDULE AFTER 9/90	OD44203		D, Pt V	E, Pt E	E-1, Pt B	NA after 8/1/2000
139	O/P RAD & FEE SCH PRE 10/89 AND/OR AFTER 12/90	OD44203		D, Pt V	E, Pt D	E-1, Pt B	NA after 8/1/2000
14A	OUTPATIENT - CLINICAL LAB (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
14P	OUTPATIENT - PPS	OD44203		D, Pt V	E, Pt B	E-1, Pt B	
140	OUTPATIENT - CLINICAL LAB-NON PATIENT	OD44203		D, Pt V	E, Pt B	E-1, Pt B	
142	OUTPATIENT - CLINICAL LAB-NON PATIENT - VAC	OD44203		D, Pt VI	No Coin	E-1, Pt B	
145	OUTPATIENT CLINICAL LAB - MAMMOGRAPHY	OD44203	NA	NA	NA	NA	Not included in cost report
18A	SWING BED (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
180	SWING BED	OD44203	S-3	D-3	E-2	E-1	
21A	SNF -INPATIENT - PART A (MSP-LCC)	OD44203/ OD44216	NA	NA	NA	NA	Not included in cost report. * Note that Net Reimb. should be used to reduce interim payments for PIP providers
210	SNF -INPATIENT - PART A	OD44203/ OD44216	S-3	D, Pt I	E, Pt I	E-1, Pt A	
22A	SNF -INPATIENT - PART B 100% (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
22Z	AMBULANCE BLEND EFFECTIVE 04/01/02	OD44203	S-3 (Trips)	NA	NA	NA	Fee amount - S-2, Line 48.01

REPORT TYPE:	PS&R REPORT HEADING	PS&R REPORT #	Cost Report Reference				Comments
			Days/Visits/Units/Census	Charges	Deduct & Coins	Net Reimb.	
220	SNF -INPATIENT - PART B 100%	OD44203		D, Pt I	E, Pt II	E-1, Pt B	
220	SNF -INPATIENT - PART B 100%/AMBULANCE	OD44218	NA	NA	NA	NA	Not included in cost report
222	SNF -INPATIENT - PART B 100% VAC	OD44203		D, Pt II	No Coin	E-1, Pt B	
225	SNF -INPATIENT - FEE REIMBURSED	OD44203	NA	NA	NA	NA	Not included in cost report
23A	SNF - OUTPATIENT (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
23Z	AMBULANCE BLEND EFFECTIVE 04/01/02	OD44203	S-3 (Trips)	NA	NA	NA	Fee amount - S-2, Line 48.01
230	SNF - OUTPATIENT	OD44203		D, Pt I	E, Pt II	E-1, Pt B	
232	SNF - OUTPATIENT VAC	OD44203		D, Pt II	No Coin	E-1, Pt B	
235	SNF - OUTPATIENT FEE REIMBURSED	OD44203	NA	NA	NA NA	NA	Not included in cost report
32A	HOME HEALTH - PART B ENTL ONLY (MSP-LCC)	OD44203	NA	NA		NA	Not included in cost report
32A	BENE CENSUS/REV VISITS/ HOME HEALTH (MSP-LCC)	OD45300	NA	NA	NA	NA	Not included in cost report
320	HOME HEALTH - PART B ENTL ONLY	OD44203	H-6	H-7, Pt I	H-7, Pt II	H-8, Pt B	
320	BENE CENSUS/REV VISITS/ HOME HEALTH -PART B ENTITLEMENT ONLY	OD45300	H-6				Unduplicated census on H-6
322	HOME HEALTH - PART B ENTL ONLY--VAC	OD44203	NA	NA	NA	NA	No cost report reference
322	HOME HEALTH -PART B RAP	OD44228	NA	NA	NA	NA	Should be -0- balance by settlement.
329	HH - PT B ENTL ONLY(DME-O2-ORTH/PROST)	OD44203	NA	NA	NA	NA	Not included in cost report
329	HOME HEALTH - PART B EPISODE	OD44228	S-4 / H-6	H-6	H-7, Pt II	H-8	
329	BENE CENSUS/REV VISITS/ HOME HEALTH Pt B Episode	OD45300	NA	NA	NA	NA	Not included in cost report
33A	HOME HEALTH - PART A (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
33A	BENE CENSUS/REV VISITS/ HOME HEALTH (Part A MSP-LCC)	OD45300	NA	NA	NA	NA	Not included in cost report
330	HOME HEALTH - PART A	OD44203	H-6	H-7, Pt I	H-7, Pt II	H-8, Pt A	
330	BENE CENSUS/REV VISITS / HOME HEALTH - PART A	OD45300	H-6				Unduplicated census on H-6
332	HOME HEALTH PART A -Rap	OD44203	NA	NA	NA	NA	Should be zero after 10/00
332	HOME HEALTH PART A RAP	OD44228	NA	NA	NA	NA	Should be -0- balance by settlement.
339	HOME HEALTH - PART A (DME,O2,ORTH/PROST)	OD44203	NA	NA	NA	NA	Not included in cost report
339	HOME HEALTH - PART A EPISODE	OD44228	S-4 / H-6	H-6	H-7, Pt II	H-8	
339	BENE CENSUS/REV VISITS/ HOME HEALTH Pt A Episode	OD45300	NA	NA	NA	NA	Not included in cost report
34A	HOME HEALTH - PART B (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
34P	HHA OUTPATIENT PPS (NOT HHPSP)	OD44203	NA	NA	NA	NA	Not included in cost report
340	HOME HEALTH - PART B	OD44203	H-6	H-7, Pt I	H-7, Pt II	H-8, Pt B	
340	BENE CENSUS/REV VISITS/ HOME HEALTH -PART B	OD45300	H-6				Unduplicated census on H-6
342	HOME HEALTH - PART B - VACCINE	OD44203	H-6			H-8, Pt B	No cost report reference
345	HOME HEALTH - PART B - REHAB	OD44203	NA	NA	NA	NA	Not included in cost report
349	HOME HEALTH - PART B (DME,O2,ORTH/PROST)	OD44203	NA	NA	NA	NA	Not included in cost report
399	HOME HEALTH - PART A AND PART B EPISODE	OD44228	NA	NA	NA	NA	Not included in cost report
399	BENE CENSUS/REV VISITS/ HOME HEALTH Pt A Episode	OD45300					

REPORT TYPE:	PS&R REPORT HEADING	PS&R REPORT #	Cost Report Reference				Comments
			Days/Visits/Units/Census	Charges	Deduct & Coins	Net Reimb.	
71A	CLINIC - RURAL HEALTH (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
710	CLINIC - RURAL HEALTH	OD44203	M-3		M-3	M-3	Visits reported on M-3
712	CLINIC - RURAL HEALTH - VAC	OD44203	M-4		No Coin	M-3	
72A	HOSP BASED OR IND RENAL DIALYSIS CTR (MSP-LCC)	OD44203/ OD44216	NA	NA	NA	NA	Not included in cost report
		OD44203/	I-4	NA	I-5	NA	Hospital Based
720	HOSP BASED OR INDEPEND RENAL DIALYSIS CTR	OD44216	C	NA	D	NA	Freestanding
722	FREE STANDING RENAL DIALYSIS 100% - VAC	OD44203	NA	NA	NA	NA	No cost report reference
75A	CORF (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
750	CORF	OD44203		J-2	J-3	J-4	
752	CORF-VAC	OD44203	NA	NA	NA	NA	No cost report reference
755	CORF-FEE REIMBURSED	OD44203	NA	NA	NA	NA	Not included in cost report
76A	COMMUNITY MENTAL HEALTH CENTER (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
				C	D	D	CMS-2088 - Freestanding
76P	CMHC-OPPS	OD44203		J-2	J-3	J-4	CMS - 2552-96 - Hospital Based
				C	D	D	CMS-2088 - Freestanding
760	COMMUNITY MENTAL HEALTH CENTER	OD44203		J-2	J-3	J-4	CMS - 2552-96 - Hospital Based
762	COMMUNITY MENTAL HEALTH CENTER-VAC	OD44203	NA	NA	NA	NA	No cost report reference
765	COMMUNITY MENTAL HEALTH CENTER-FEE REIMBURSED	OD44203	NA	NA	NA	NA	Not included in cost report
81A	HOSE - NON-HOSPITAL BASED (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
810	BENEFICIARY CENSUS/REV VISITS/HOSPICE - NON-HOSPITAL BASED	OD45300	NA	NA	NA	NA	Not included in cost report
810	HOSE - NON-HOSPITAL BASED	OD44203	NA	NA	NA	NA	Days reported on S-9
82A	HOSE - HOSPITAL BASED (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
820	BENEFICIARY CENSUS/REV VISITS/HOSPICE - HOSPITAL BASED	OD45300	NA	NA	NA	NA	Not included in cost report
820	HOSE - HOSPITAL BASED	OD44203	NA	NA	NA	NA	Days reported on S-9
83B	ASC AND ASC FEE SCHEDULE AFTER 12/90 (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
831	ASC AND ASC FEE SCHEDULE AFTER 12/90	OD44203		D, Pt V	E, Pt C	E-1, Pt B	NA after 8/1/2000
84A	FREE STANDING BIRTHING CENTER (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
85A	RPCH / CAH (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
85Z	AMBULANCE BLEND EFFECTIVE 04/01/02	OD44203	S-3 (Trips)	NA	NA	NA	Fee amount - S-2, Line 56, Col 4
850	RPCH / CAH	OD44203		D, Pt V	E, Pt B	E-1, Pt B	
852	RPCH / CAH -VAC	OD44203		D, Pt VI	No Coin	E-1, Pt B	
855	RPCH/CAH-FEE REIMBURSED/MAMMOGRAPHY	OD44203	NA	NA	NA	NA	Not included in cost report
998**	HOSPITAL OUTPATIENT	OD44203	NA	NA	NA	NA	Data should be pulled by individual report type

**998 Report is Consolidated Outpatient which includes ALL outpatient services (including Inpatient Part B) cost based and fee based combined/ typ